

Name
in
Full

CERTIFICATE OF DEATH

Caroline Adams
Town *Malcolm* County *Charles*

MARYLAND

Died at *Malcolm* *Charles*
Date of death 190 *10* Month *2* Day *11* Age *28* Months *4* Days *12*

Sex *Female* Color or Race *Colored* Birthplace *Ind*

Occupation *Housemaid* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Frank Adams* Father's Birthplace *Ind*

Mother's Maiden Name *Harriet Chapman* Mother's Birthplace *Ind*

Name of person giving Information *Frank Adams* How related to deceased *Father*

CAUSES OF DEATH

28 ✓

Primary *Tuberculosis* How long *14 mos.*

Immediate *exhaustion* How long *2 days.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Morton*

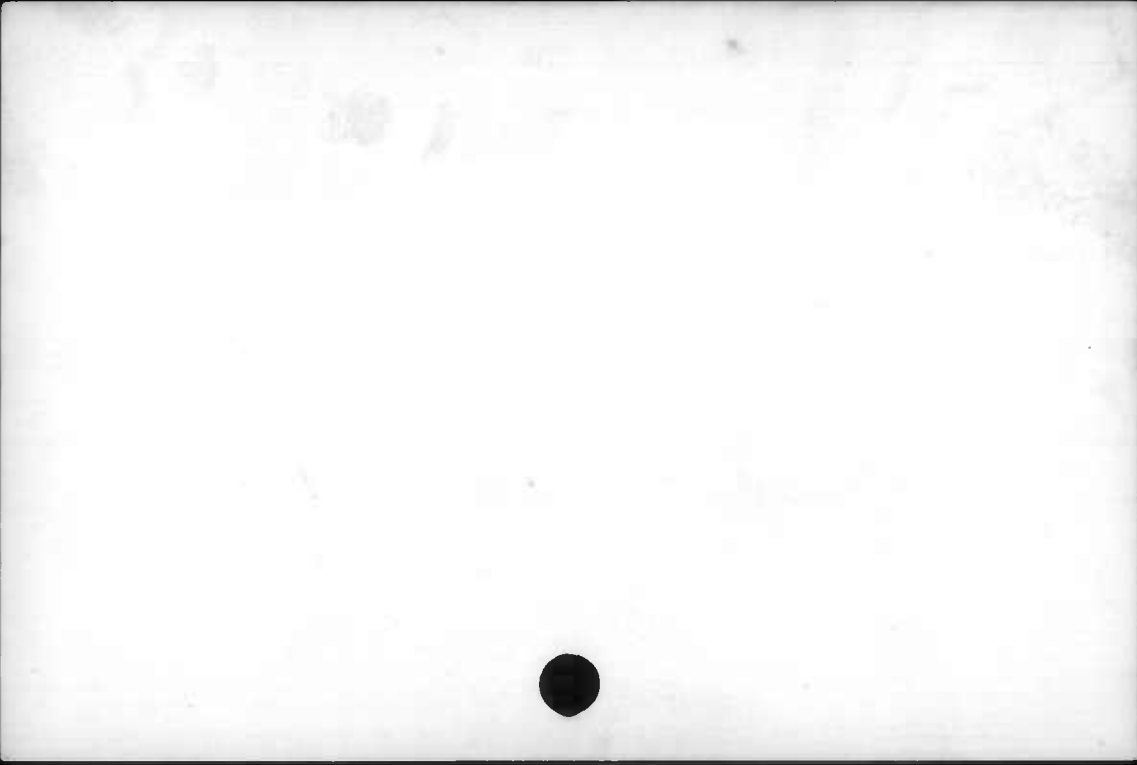
Address

Squawco

Accident or Suicide *no*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at Falkner Charles County
 Date of death 1960 Month Feb. Day 15 Age — Years 2 Months 13 Days
 Sex Female Color or Race Caucasian Birth-place Charles Co
 Occupation — Where Residing if not at place of death —

Married, Single
or Widowed —Name of Wife or
Husband —Father's
NameAm L. BluntFather's
BirthplaceWashington D.C.Mother's
Maiden NameEdith M. MatthewsMother's
BirthplaceCharles CoName of person giving
InformationAm L. BluntHow related
to deceasedFather

CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

4 days

Immediate

Heart Failure

How long

3 hoursAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

Effner
Bel Air
MD

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lethia Bowrie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---------------------------------------|--|--------------|----------------|-----------------------------------|
| Died at <u>Wel come</u> ^{Town} | | <u>Chas</u> ^{County} | | MARYLAND | |
| Date of death <u>190</u> | Month <u>2</u> | Day <u>7</u> | Age <u>—</u> | Years <u>—</u> | Months <u>—</u> Days <u>5 min</u> |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Chas Co Md</u> | | | |
| Occupation <u>none</u> | | Where Residing if not at place of death <u>.. ..</u> | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u>none</u> | | | | |
| Father's Name <u>Nat Bowrie</u> | Father's Birthplace <u>Chas Co Md</u> | | | | |
| Mother's Maiden Name <u>Hannah Hendee</u> | Mother's Birthplace <u>.. ..</u> | | | | |
| Name of person giving Information <u>Nat Bowrie</u> | How related to deceased <u>Father</u> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Just alive when born</u> | How long <u>8 minutes</u> |
| Immediate <u>Cause of death unknown</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>none</u> |
| | Address <u>W F Brawner Sub R</u> <u>Grayton Md</u> |
| <u>Accident or Suicide</u> | |

W. F. Brown
2nd Reg.

Name
in
Full

Ellender Jane Bradshaw

CERTIFICATE OF DEATH

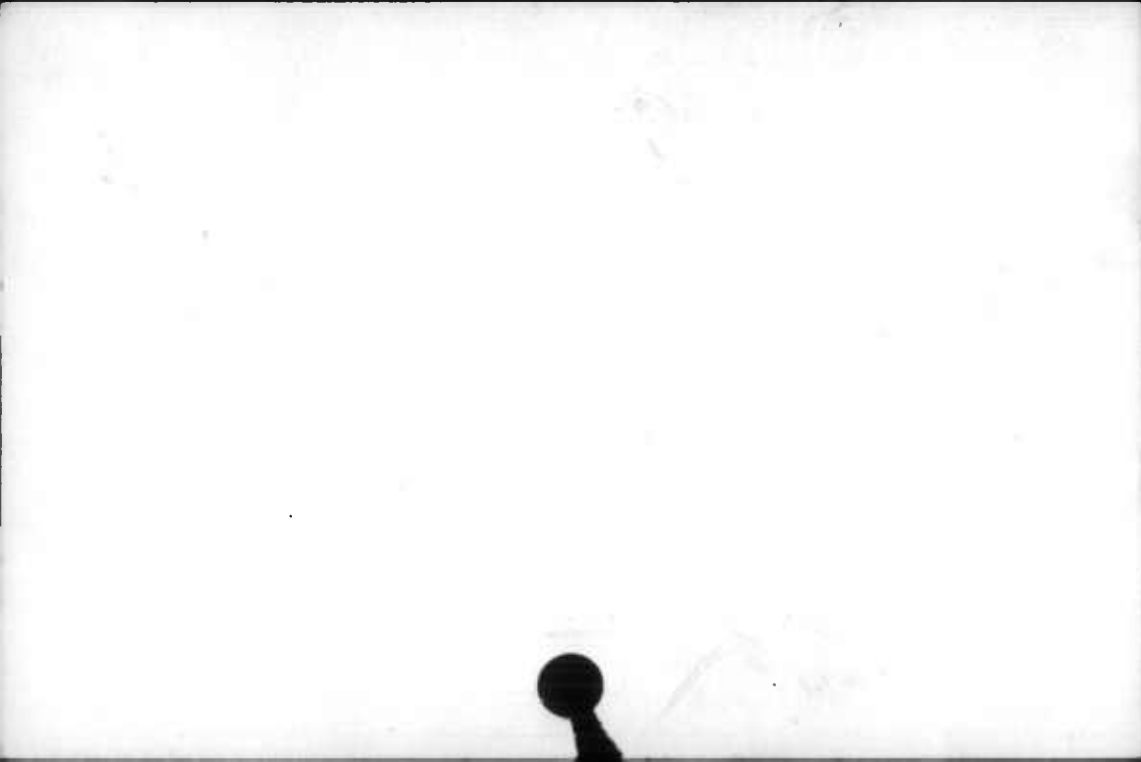
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|-----------------------|--|---------------|--|
| Died at <i>Nanjemo</i> | | Town <i>Charles</i> | | County | | MARYLAND | |
| Date of death 19 <i>10</i> <i>Feb</i> | | Month <i>7</i> | | Day | | Age <i>83</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>MD</i> | | Months | |
| Occupation <i>Farming</i> | | Where Residing If not at place of death | | | | Days | |
| Married, Single or Widowed <i>widow</i> | | Name of Wife or Husband <i>Coriton Bradshaw</i> | | | | | |
| Father's Name <i>William Rye</i> | | Father's Birthplace <i>MD</i> | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace | | | | | |
| Name of person giving Information <i>James Hancock</i> | | How related to deceased <i>Son in law</i> | | | | | |

CAUSES OF DEATH

| | | | |
|---|--|--|--|
| Primary <i>Senine debility</i> | | How long <i>120</i> | |
| Immediate <i>Nephritis</i> | | How long <i>three weeks</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Sam. H. Speake</i> | |
| Filed <i>1910</i> | | Address <i>Grayton MD</i> | |
| Accident or Suicide | | | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|----------------|---------------|-------|---|-----------------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1960 | | Feb | 15 | 66 | | | 26 |
| Sex | Female | Color or Race | White | Birth-place | Md | | |
| Occupation | Housewife | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widow | | | Name of Wife or Husband | Clinton H. Dent | | |
| Father's Name | Thomas Posey | | | Father's Birthplace | Md | | |
| Mother's Maiden Name | Unknown | | | Mother's Birthplace | Unknown | | |
| Name of person giving Information | Thomas D. Dent | | | How related to deceased | Son | | |

CAUSES OF DEATH

| | | | |
|--|-----------------------------|----------|--|
| Primary | Pistol shot in right temple | How long | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician | | |
| | Address | | |
| Accident or Suicide | Suicide | | |

PHYSICIAN
OR CORONER



Name
in
Full

Garry Dunbar

CERTIFICATE OF DEATH

| | | | | | | | |
|--|------------------------------|-------------------------------------|--|--------|------------------|----------|--|
| Died at <i>M^r. Boucher</i> | | Town <i>Chas</i> | | County | | MARYLAND | |
| Date of death <i>1990</i> | Month <i>2</i> | Day <i>9</i> | Age <i>9</i> | Years | Months <i>12</i> | Days | |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth-place <i>Chas Co Md</i> | | | | |
| Occupation <i>None</i> | | | Where Residing if not at place of death <i>" " "</i> | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>None</i> | | | | | |
| Father's Name <i>Edward Dunbar</i> | | | Father's Birthplace <i>Chas Co Md</i> | | | | |
| Mother's Maiden Name <i>Ebby Johnson</i> | | | Mother's Birthplace <i>" "</i> | | | | |
| Name of person giving Information <i>Eddy Dunbar</i> | | | How related to deceased <i>Mother</i> | | | | |

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

| | |
|-----------------------------|---------------------------------|
| Primary <i>Lung Trouble</i> | How long <i>4 m^o</i> |
| Immediate <i>Hemorrhage</i> | How long <i>3 days</i> |

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

None attending

Address

*W. F. Brauer
Duh Reg*

Accident or Suicide

PHYSICIAN
OR CORONER

1071 Wawona
Fish Bay



Name
in
Full

Edward Frazier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

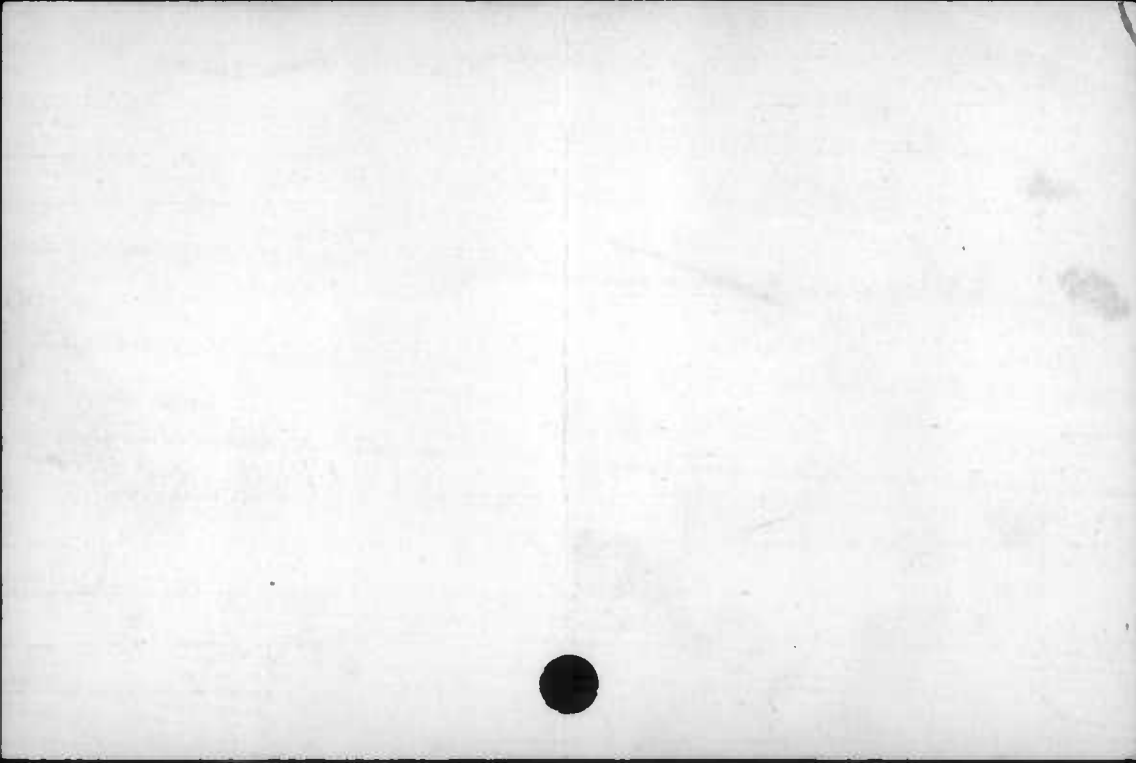
| | | | | | |
|---|--|----------------------------------|------------------------|----------|------|
| Died at <i>Port Tobacco</i> ^{Town} | | <i>Charles</i> ^{County} | | MARYLAND | |
| Date of death <i>1940</i> | Month <i>2</i> | Day <i>24</i> | Age <i>68.</i> | Months | Days |
| Sex <i>M.</i> | Color or Race <i>C</i> | | Birth-place <i>md.</i> | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single <i>Widowed</i> | Name of Wife or Husband <i>Mary Frazier</i> | | | | |
| Father's Name <i>Bozil Frazier</i> | Father's Birthplace <i>Louisiana</i> | | | | |
| Mother's Maiden Name <i>Clara Dorey</i> | Mother's Birthplace <i>md.</i> | | | | |
| Name of person giving information <i>Kate Frazier</i> | How related to deceased <i>Daughter</i> | | | | |

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Paralysis, phlebotomy</i> | How long <i>8 Years</i> |
| Immediate <i>Edema of Lungs, Heart Failure</i> | How long <i>4 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Paul L. Harmon</i> |
| <i>Yes</i> | Address <i>La. Plata, Md.</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

Mary S. Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|----------------------------------|--|-----------------|---------------|
| Died at <i>La Plata</i> ^{Town} | | <i>Charles</i> ^{County} | | MARYLAND | |
| Date of death <i>1960</i> | Month <i>Feb.</i> | Day <i>20</i> | Age <i>5</i> ^{Years} | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Charles Co</i> | | |
| Occupation <i>none</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>single</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Robert S. Garner</i> | | | Father's Birthplace <i>Charles Co</i> | | |
| Mother's Maiden Name <i>Minnie E Padgett</i> | | | Mother's Birthplace <i>Charles Co</i> | | |
| Name of person giving information <i>Minnie E Padgett</i> | | | How related to deceased <i>Mother</i> | | |

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Broncho Pneumonia</i> | How long <i>6 days</i> |
| Immediate <i>Cardiac & respiratory failure</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thos. S. Brown, M.D.</i> |
| | Address <i>La Plata</i> |
| Accident or Suicide? <i>no</i> | <i>med.</i> |



Name
in
Full

CERTIFICATE OF DEATH

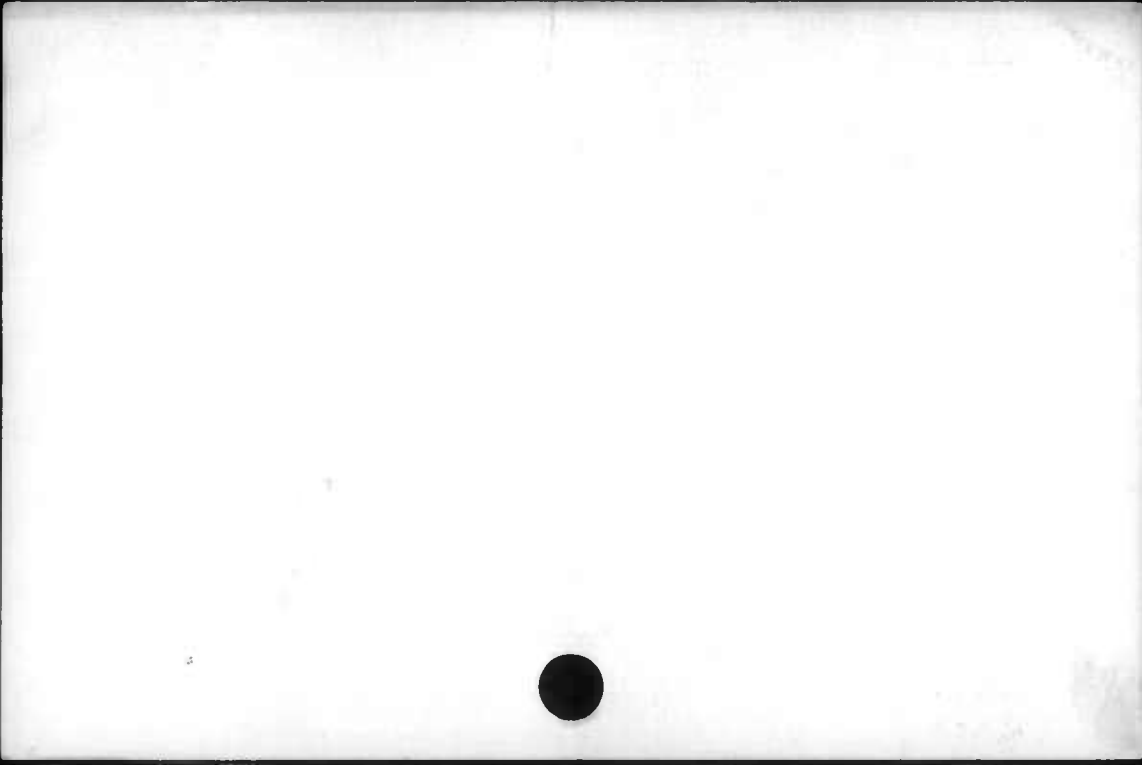
TO BE ANSWERED BY
NEAREST FRIEND

Carrie Goodring
Town *Dennis* County *Charles*
Died at *Dennis*
Date of death 19*40* Month *Feb* Day *15* Age *10* Months Days
Sex *Female* Color or Race *Coid* Birth-place *Ind*
Occupation *Child* Where Residing if not at place of death
Married, Single or Widowed *—* Name of Wife or Husband
Father's Name *Geo. Goodring* Father's Birthplace *Ind*
Mother's Maiden Name *Eileen Cape* Mother's Birthplace *Ind*
Name of parson giving Information *Geo. Goodring* How related to deceased *Father*

CAUSES OF DEATH

Primary *Acute Rheumatism* How long *2 months*
Immediate *Rheumatism Endocarditis* How long *3 weeks*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *L. C. Carries M.D.*
Address *Dennis, Ind.*
Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Margaret L. Gledsmith

Town

County

MARYLAND

Died at *Ward*

Date of death 1900

Month *July*

Day *28*

Age *12*

Months *11*

Days *—*

Sex *Female*

Color or Race *White*

Birth-place *Ind*

Occupation *None*

Where Residing if not at place of death *at home*

Married, Single or Widowed *Single*

Name of Wife or Husband *—*

Father's Name *Thomas Gledsmith*

Father's Birthplace *Ind*

Mother's Maiden Name *Margaret Stonestunt*

Mother's Birthplace *Ind*

Name of person giving Information *Thomas Gledsmith*

How related to deceased *Sister*

CAUSES OF DEATH

Primary *L. f. trid fever*

How long *10 weeks*

Immediate *L. f. f. and pneumonia*

How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *G. O. Morrow*

Address *Ward*

Accident or Suicide *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

May Franklin Lohr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

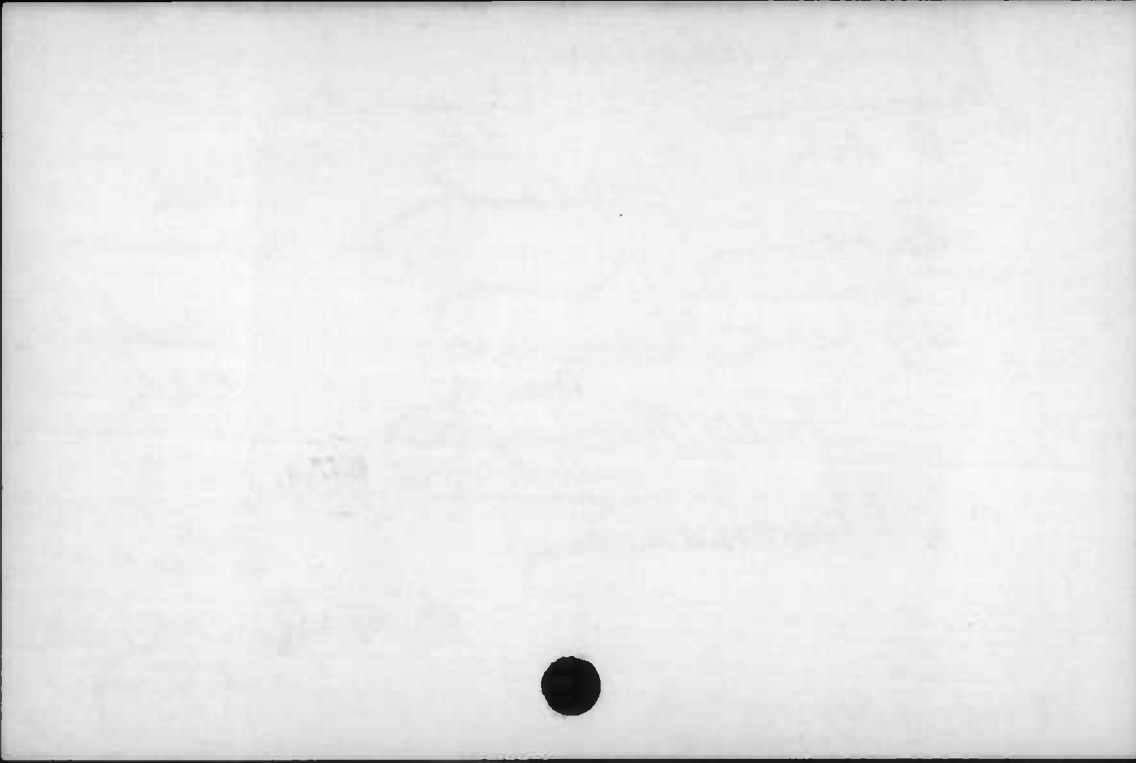
| | | | | | |
|---|-------------|--|--------------|-------------|-------------|
| Died at <i>near Walbrook</i> ^{Town} | | <i>Chords</i> ^{County} | | MARYLAND | |
| Date of death | <i>1900</i> | Month | <i>Feb</i> | Day | <i>1</i> |
| Age | | Years | <i>—</i> | Months | <i>3</i> |
| Sex <i>Female</i> | | Color or Race | <i>White</i> | Birth-place | <i>Danf</i> |
| Occupation <i>—</i> | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>—</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>B. H. Lohr</i> | | Father's Birthplace <i>Danf</i> | | | |
| Mother's Maiden Name <i>Lillian Wedding</i> | | Mother's Birthplace <i>Danf</i> | | | |
| Name of person giving information <i>B. H. Lohr</i> | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

189 ✓

PHYSICIAN
OR CORONER

| | | | |
|---|------------------------|---|----------------|
| Primary | <i>Malassimilation</i> | How long | <i>Septime</i> |
| Immediate | <i>"</i> | How long | <i>"</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>J. J. Monahan</i> | |
| | | Address <i>Walbrook</i> | |
| Accident or Suicide? <i>No</i> | | <i>Mus.</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Joe Hansen Town Riverside County Charles MARYLAND

Died Feb Month 8 Day 20 Years 20 Months - Days -

Date of death 1960 Feb 8 Age 20

Sex Male Color or Race Black Birth-place md

Occupation Laborer Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband -

Father's Name Thomas Hansen Father's Birthplace md

Mother's Maiden Name Mary Emily Ward Mother's Birthplace md

Name of person giving Information Hellie Washington How related to deceased none

CAUSES OF DEATH

Primary Intoxication How long one day after

Immediate after getting to his home

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

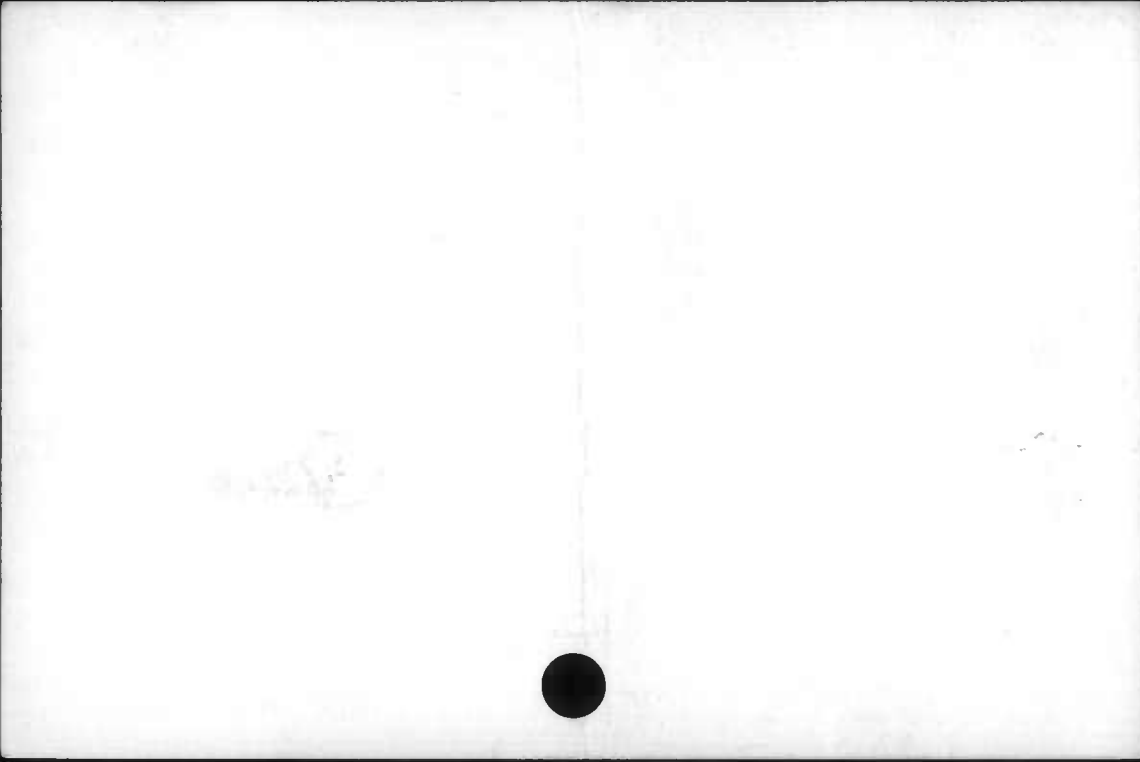
Address

Accident or suicide

PHYSICIAN
OR CORONER

This case was
Margaret Hook Pa
after reaching home

S. H. Speake md
Graytown md
and died the next day



Name
in
Full

CERTIFICATE OF DEATH

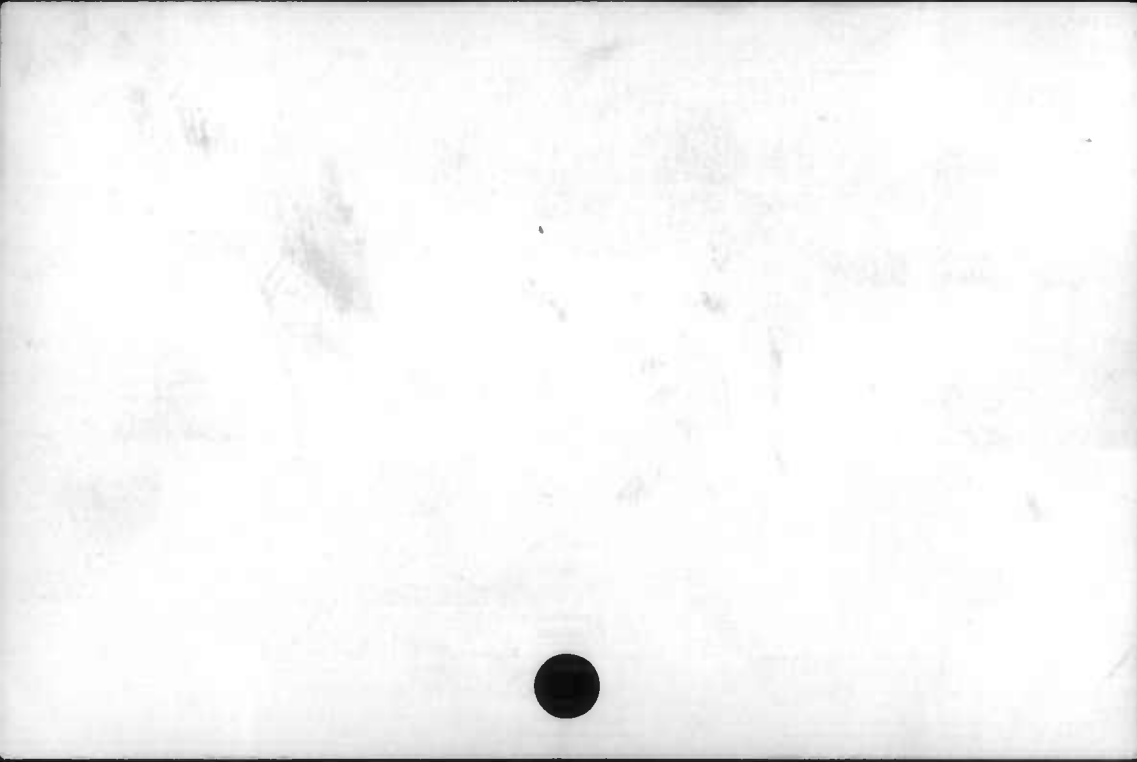
TO BE ANSWERED BY
NEAREST FRIEND

Name *Rebecca Harper* County *Charles*
Died at *Gallatin Green* Maryland
Town *Month* *Day* *Years* *Months* *Days*
Date of death *1900* *2* *20* Age *43* *6* *4*
Sex *Female* Color or Race *Colored* Birth-place *Ind*
Occupation *Wash woman* Where Residing if not at place of death *—*
Married, Single or Widowed *Widow* Name of Wife or Husband *Thos. Harper*
Father's Name *James Mackall* Father's Birthplace *Ind*
Mother's Maiden Name *Matilda Mackall* Mother's Birthplace *Ind*
Name of person giving Information *Herbert Harper* How related to deceased *Son*

CAUSES OF DEATH

Primary *Tuberculosis* How long *3 yrs.*
Immediate *Heart failure* How long *One day*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *H. Morton* Address *Aguares*
Accident or Suicide *No.*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Ned Chun Jackson

MARYLAND

Died at ^{Town} near Pisgah ^{County} Charles

Date of death 1900 ^{Month} Feb. ^{Day} 15 ^{Years} Age 24 ^{Months} ^{Days}

Sex Male Color or Race collord Birth-place Chas co Md

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Fred Jackson Father's Birthplace Chas co Md

Mother's Maiden Name Lizzie Chun Mother's Birthplace Chas co Md

Name of person giving Information Josiah Hackerson How related to deceased Step Father

CAUSES OF DEATH

189

Primary Unknown How long unknown

Immediate Unknown How long unknown

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician none in attendance

Chas D Carpenter Address Pisgah Md

Accident or Suicide (Sub Reg- 2nd district)

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Margaret Jameson

Town

County

MARYLAND

Died at *Bryantown*

Date

of death

1980

Month

July

Day

13

Year

Age

73

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Mrs. M. Jameson

Father's
Name

William Queen

Father's
Birthplace

Md.

Mother's
Maiden Name

Martha Roaman

Mother's
Birthplace

Ind.

Name of person giving
Information

M. M. Jameson

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Fibroid Phthisis

How long

20 years

Immediate

Tubercular Enteritis

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

L. C. Carries M.D.

Address

Bryantown

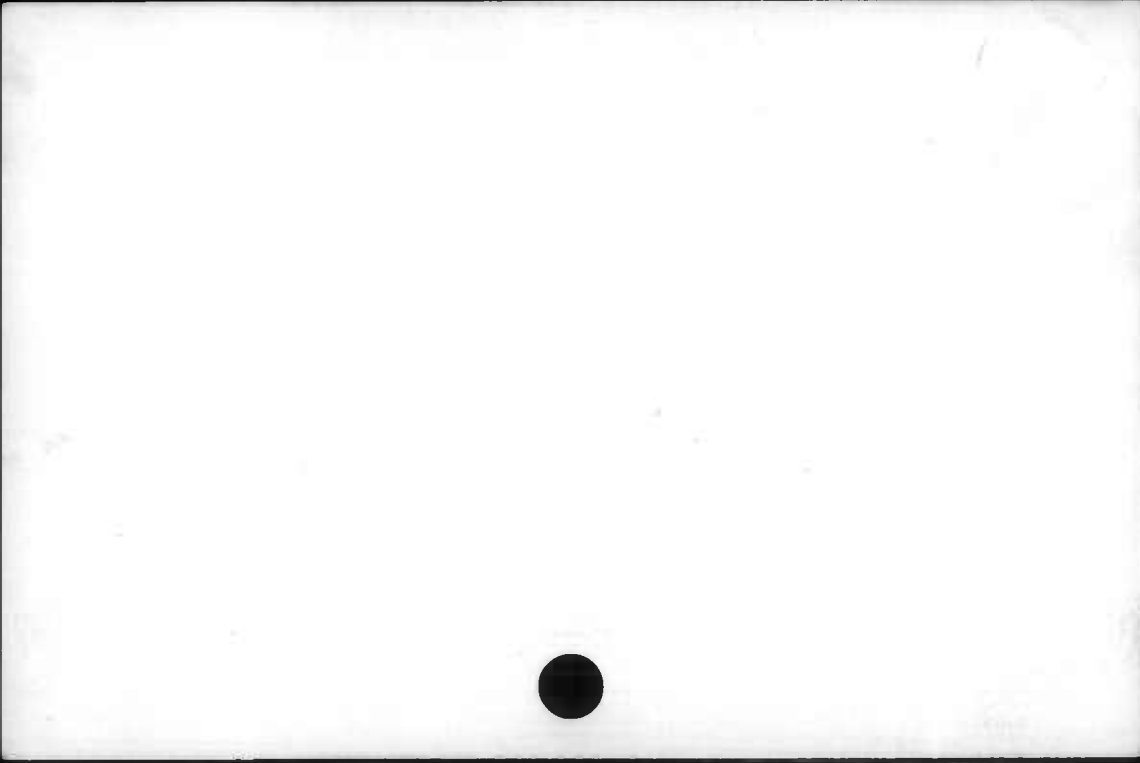
Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

25



Name
in
Full

Marie S. Langley

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bryantown

Charles

Date

of death 1900

Month

Feb

Day

2

Age

Years

—

Months

4

Days

18

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

None

Where Residing if not
at place of death

plan growth

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Nicholas Langley

Father's
Birthplace

Ind

Mother's
Maiden Name

Savina Murphy

Mother's
Birthplace

Name of person giving
Information

Nicholas Langley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

2 mo.

Immediate

Exhaustion

How long

2 da.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

H. C. Chapman

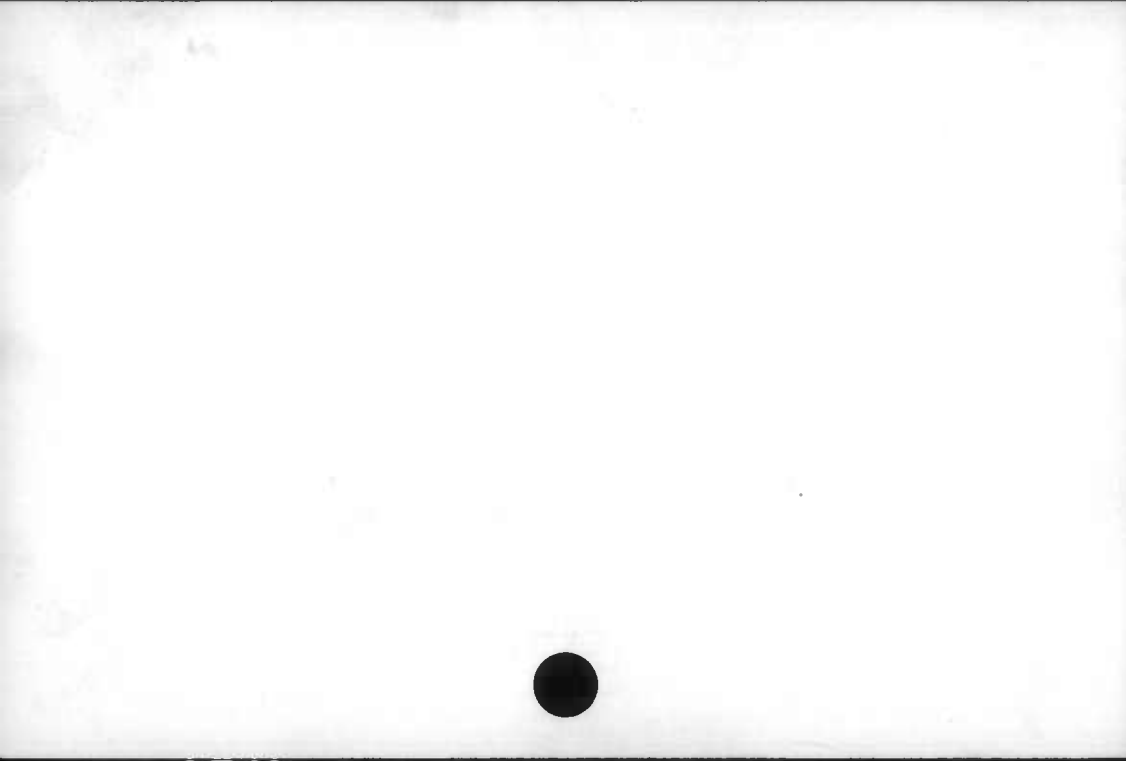
Address

Langley Ind

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

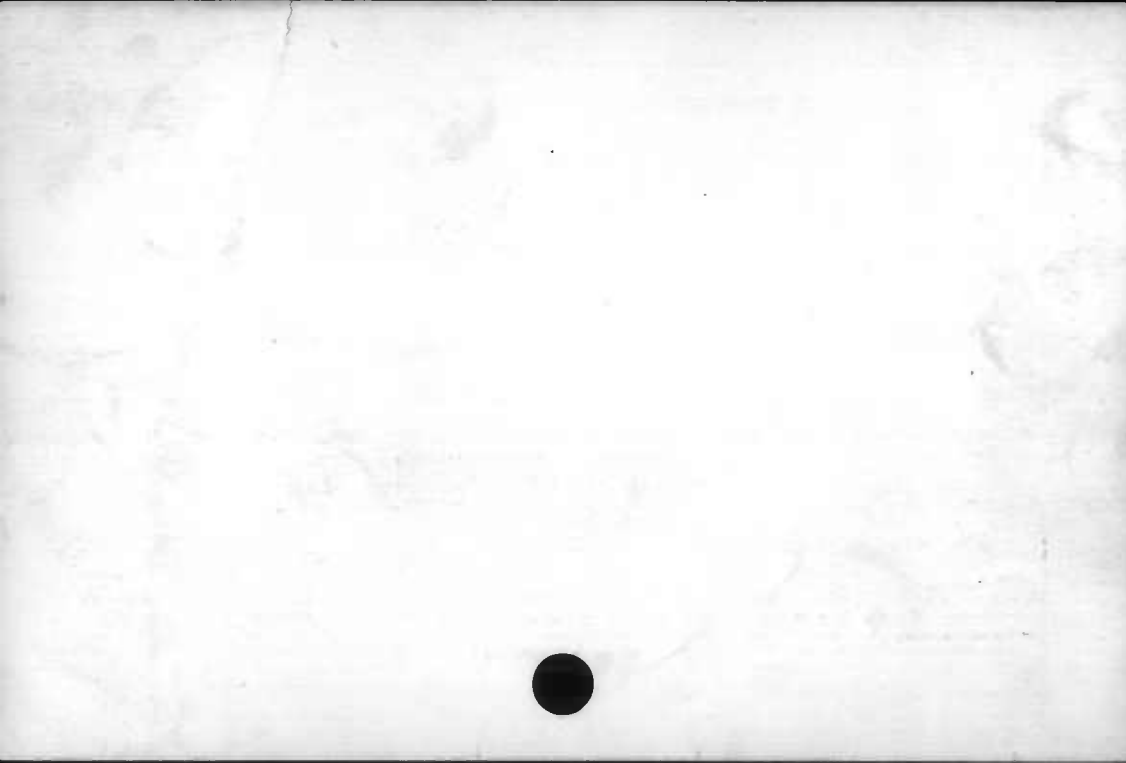
| | | | | | | | |
|-----------------------------------|--|---|-----|-------------|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death 1902 | | Month | Day | Age | Years | Months | Days |
| Sex | | Color or Race | | Birth-place | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Name of person giving Information | | How related to deceased | | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|--|------------------------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| Address | |
| Accident or Suicide | |



Name
in
Full

Richard Alfred Macco

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bryantown

Charles

Date

of death

1900 July

Day

9

Age

Years

15

Months

11

Days

Sex

male

Color or
Race

colored

Birth-
place

ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Wm Macco

Father's
Birthplace

ind

Mother's
Maiden Name

Harriet Thompson

Mother's
Birthplace

ind

Name of person giving
Information

Wm Macco

How related
to deceased

fraternal

CAUSES OF DEATH

Primary

Dysph's Fever

How long

last week

Immediate

meningitis

How long

3 1/2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

L. C. Carries M.D.

Address

Bryantown,
ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary E Marbuary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Risgah ^{County} Charles

Date of death 1900 ^{Month} Feb ^{Day} 16 Age ^{Years} 65 Months Days

Sex Female Color or Race collord Birth-place char. co md

Occupation housewife Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Noble Marbuary

Father's Name Edward Mundle Father's Birthplace char. co md.

Mother's Maiden Name Lettie Thompson Mother's Birthplace char. co md

Name of person giving Information Thomas J Barber How related to deceased none

CAUSES OF DEATH

Primary Carcinoma Uteri How long 42 yrs.

Immediata
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Geo. C. Bicknell
Address Risgah, Md.
Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|-----------------------------------|--|------------------|--|---|--|-------------------|--|---------------------|--|
| Name | | Alfonia Matthews | | Town | | County | | MARYLAND | |
| Died at | | Bel Alton | | Charles | | | | | |
| Date | | 1901 | | Month | | Day | | Years | |
| of death | | 10 | | Feb. | | 28 | | Age 30 | |
| Sex | | Female | | Color or Race | | Colored | | Birthplace | |
| Occupation | | House work | | Where Residing if not at place of death | | Bel Alton | | Md. | |
| Married, Single or Widowed | | Married | | Name of W.ife or Husband | | Robert Matthews | | Father's Birthplace | |
| Father's Name | | John Roarman | | Mother's Maiden Name | | Roxie Lee Simpson | | Md. | |
| Name of person giving Information | | Wm Robey | | How related to deceased | | None | | | |

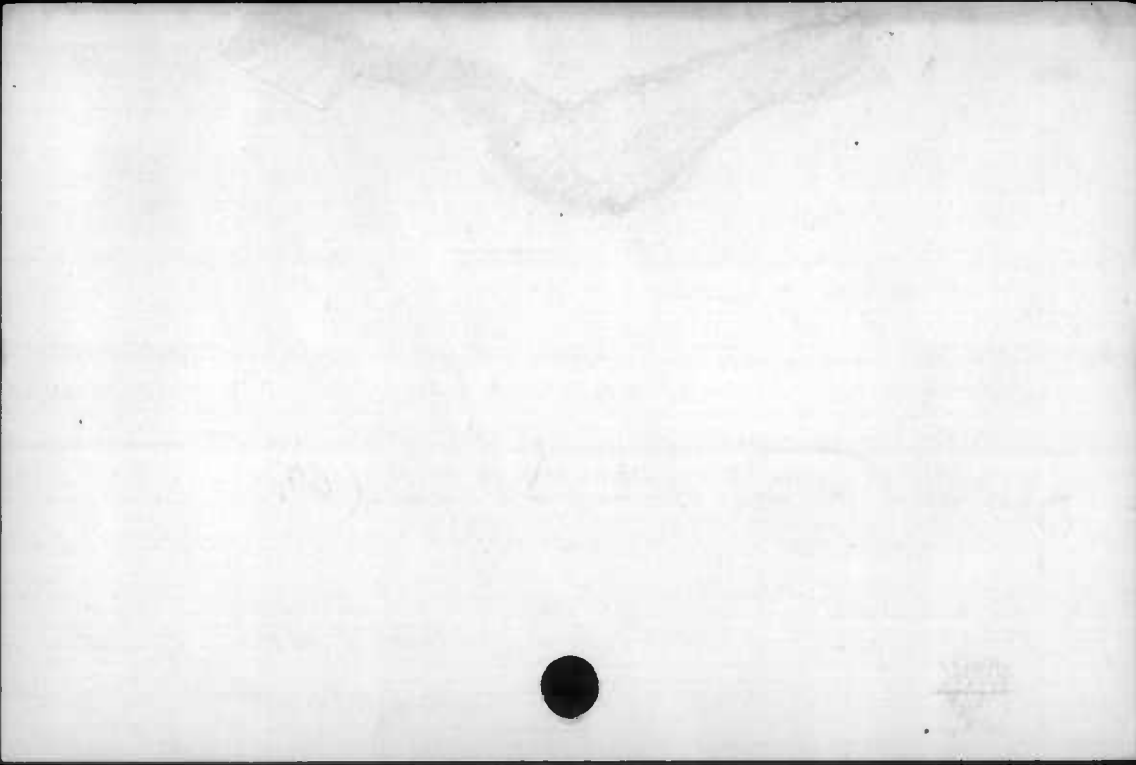
CAUSES OF DEATH

| | | | | | | | |
|--|--|------------------------|--|------------------------|--|--------------------|--|
| Primary | | Double Lobar Pneumonia | | How long | | 8 days | |
| Immediate | | Heart failure | | How long | | One hour | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | R. J. Jackson M.D. | |
| | | | | Address | | Newport Md. | |
| Accident or Suicide | | | | | | | |

PHYSICIAN
OR CORONER



| | | | | | | | |
|---|--|---|---|--|---------------|-------------------------------|---------------|
| Name in Full | | Charles A. Murphy | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died <i>near Spring Hill</i> | | County <i>Charles</i> | | MARYLAND | |
| | | Date of death <i>1900</i> | Month <i>Feb</i> | Day <i>21</i> | Age <i>44</i> | Months <i>5</i> | Days <i>3</i> |
| | | Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>Charles Co</i> | |
| | | Occupation <i>farmer</i> | | Where Residing if not at place of death <i>—</i> | | | |
| | | Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Mrs. L. Murphy</i> | | | | |
| Father's Name <i>Patrick C. Murphy</i> | | Father's Birthplace <i>Frederick Co</i> | | | | | |
| Mother's Maiden Name <i>Mary E. Dixon</i> | | Mother's Birthplace <i>Prince Georges</i> | | | | | |
| Name of person giving information <i>James B Murphy</i> | | How related to deceased <i>brother</i> | | | | | |
| | | CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Cerebral hemorrhage</i> | | (64) How long <i>10 days</i> | | | |
| | | Immediate <i>Cardiac respiratory paralysis - coma</i> | | How long <i>gradual from beginning of attack</i> | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Thos. S Owen MD</i> | | | |
| | | | | Address <i>La Plata</i> | | | |
| | | Accident or Suicide? <i>no</i> | | | | <i>MD</i> | |



Name
in
Full

Larionia Murphy

CERTIFICATE OF DEATH

Died at Eagle Hill

Town

County

Charles

MARYLAND

Date

of death 1980

Month

2

Day

11

Age

Years

84

Months

3

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Kentucky

Occupation

No

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

R. C. Murphy

Father's
Name

Leonard Lyne

Father's
Birthplace

Kentucky

Mother's
Maiden Name

Larionia Jackson

Mother's
Birthplace

Pennsylvania

Name of person giving
Information

Wm. P. Jamison

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Heart trouble

How long

a few moments

How long

Immediate

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

L. L. Higdon

Mayfield
Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles B. Posey
Richard

CERTIFICATE OF DEATH

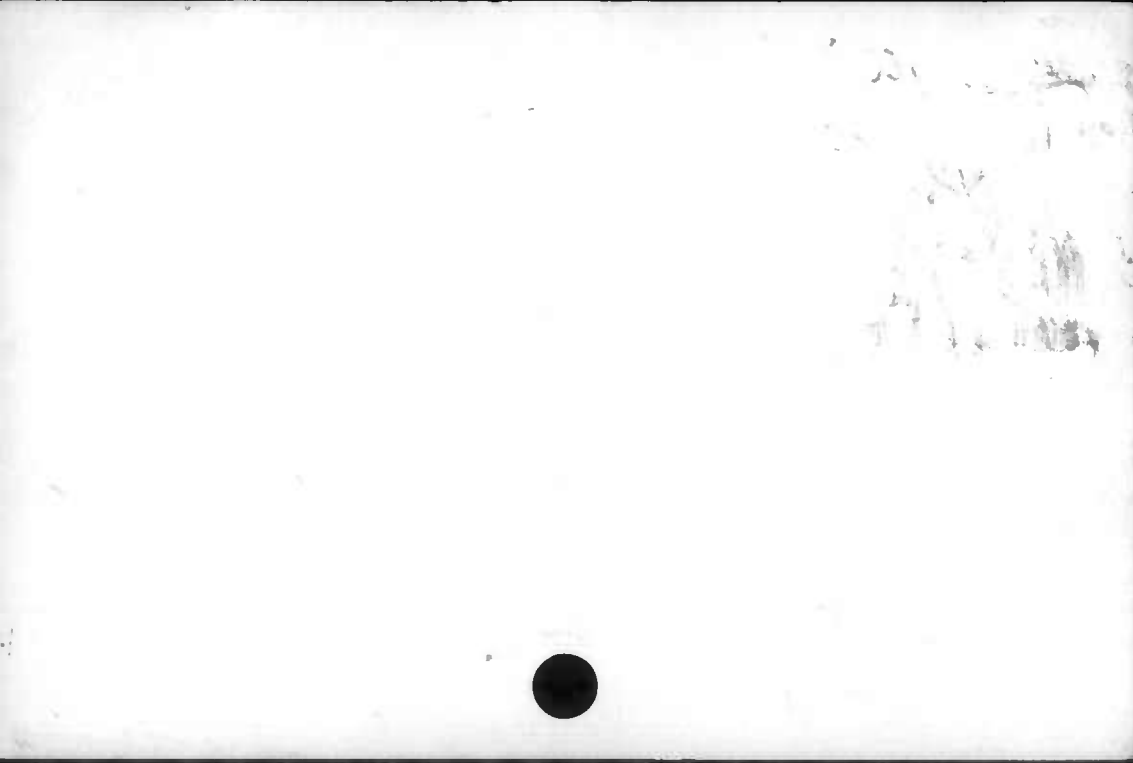
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|-----------------------|---------|---------------|-------|----------|------|
| Died at <i>near Doncaster</i> | | Town <i>Charles</i> | | County | | MARYLAND | |
| Date of death 19 <i>40</i> . <i>Feb</i> <i>26</i> th | | Month | Day | Age <i>40</i> | Years | Months | Days |
| Sex <i>Male</i> | Color or Race <i>Black (Malatto)</i> | Birth-place <i>md</i> | | | | | |
| Occupation <i>Carpenter</i> | Where Residing if not at place of death <i>—</i> | | | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife <i>Hennie Carter</i> | | Husband | | | | |
| Father's Name <i>Joseph Posey</i> | Father's Birthplace <i>md</i> | | | | | | |
| Mother's Maiden Name <i>Helen Newton</i> | Mother's Birthplace <i>md</i> | | | | | | |
| Name of person giving Information <i>Thomas Barber</i> | How related to deceased <i>not related</i> | | | | | | |

CAUSES OF DEATH

| | |
|---|--|
| Primary <i>Typhoid Pneumonia</i> | How long <i>5 weeks</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Sam'l. H. Speake</i> |
| | Address <i>Grayton md.</i> |
| <i>Accident or Suicide</i> | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mrs Ann L. Roby

Died at White Plains ^{Town} Chancock ^{County}

MARYLAND

Date of death 1980 ^{Month} July ^{Day} 16 ^{Years} 67 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Indo
Occupation Housewife Where Residing if not at place of death at home

Married, Single or Widowed Widow Name of Wife or Husband J. H. Roby

Father's Name Frank Murray Father's Birthplace Indo

Mother's Maiden Name Maney Murray Mother's Birthplace Indo

Name of person giving Information Simon Roby How related to deceased Son

CAUSES OF DEATH

120
How long

Primary Bright disease of Kidneys How long Two years
Immediate Heart Failure How long Short

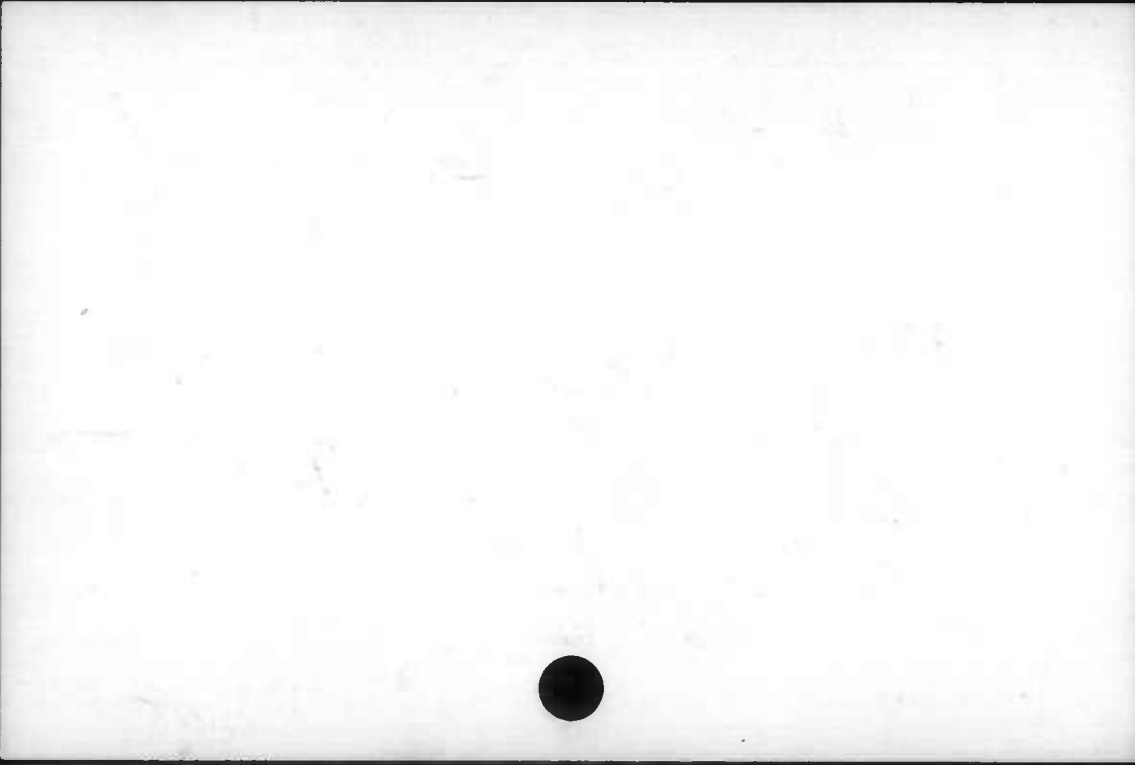
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician G. D. Thomas
Address Indo

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Jonas Elmer Roby
Town *Pomfret* County *Chara*

MARYLAND

Died at *Pomfret* Month *July* Day *11* Age *20* Years Months *10* Days *—*

Sex *Am* Color or Race *White* Birth-place *—*

Occupation *Farmer* Where Residing if not at place of death *At home*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *William Roby* Father's Birthplace *Ind*

Mother's Maiden Name *Maria E. Robinson* Mother's Birthplace *Ind*

Name of person giving Information *William Roby* How related to deceased *Brother*

CAUSES OF DEATH

10

Primary *Gastric ulcer of Stomach* How long *2 yrs*

Immediate *La Grippe and Heart Failure* How long *10 days*

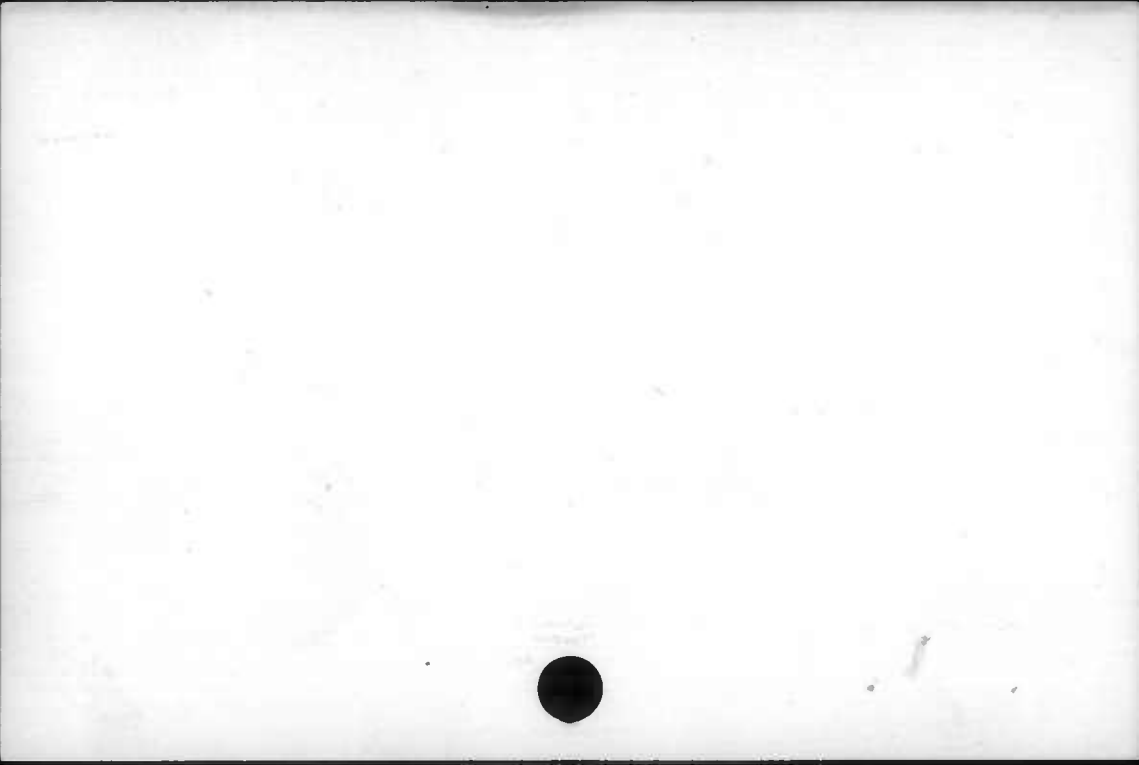
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G.O. Morrison*

Address *Waco, Tex*

Accident or Suicide *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

James Smallwood

Town

County

MARYLAND

Died at

Faulkner

Charles

Date

of death 1960

Month

2

Day

4

Age

Years

2

Months

Days

Sex

Male

Color or
Race

African

Birth-
place

Charles

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James E. Smallwood

Father's
Birthplace

Charles

Mother's
Maiden Name

Lorraine Marshall

Mother's
Birthplace

Charles

Name of person giving
Information

Joe Middleton

How related
to deceased

None

CAUSES OF DEATH

Primary

Sick all its life

How long

189

Immediate

Don't know

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Charles W. Boly
Belatton, Md.
Sub Registrar

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|----------------------------|--|-------------------|--|
| Name in Full Mary Speakes | | Town Hughesville | | County | | MARYLAND | |
| Died at Hughesville | | Month 2 | | Day 12 | | Years 1 | |
| Date of death 1960 | | Month 2 | | Day 12 | | Age 64 | |
| Sex Female | | Color or Race Black | | Birth-place Ind. | | | |
| Occupation none | | Where Residing if not at place of death near Hughesville | | | | | |
| Married , Single on Widowed | | Name of Wife or Husband none | | | | | |
| Father's Name George Speakes | | Father's Birthplace Ind. | | | | | |
| Mother's Maiden Name Mary Butler | | Mother's Birthplace Ind. | | | | | |
| Name of person giving Information George Speakes | | How related to deceased Father | | | | | |

CAUSES OF DEATH

Primary

(64) ✓

How long

4 18 years

Immediate

How long

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

Address

Dr. H. Chappell
Hughesville Ind.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James Washington Town Pisgah County Charles

Died at Pisgah Month Feb Day 9 Year 55

Date of death 1940 Age 55 Months Days

Sex Male Color or Race Colored Birth-place Charles Co. Md.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name Unknown Father's Birthplace

Mother's Maiden Name Unknown Mother's Birthplace

Name of person giving Information Raymond Swann How related to deceased Son-in-law

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Nephritis - Mitral Regurgitation How long Years!

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Geo. C. Bicknell Address Pisgah, Md.

Accident or Suicide



Name
in
Full

Lizzie Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ballon Town Chauce County
Date of death 1960 Feb 24 Age 37 Months — Days —
Sex Female Color or Race Black Birth-place Ind
Occupation Door Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —
Father's Name Anthony Washington Father's Birthplace Ind
Mother's Maiden Name Mary Washington Mother's Birthplace Ind
Name of person giving Information Lan Washington How related to deceased Brother

CAUSES OF DEATH

Primary Inkubation How long 6 months
Immediate Exhaustion How long Shock

Are the name, age, sex, color, date and place correctly given above? Yes

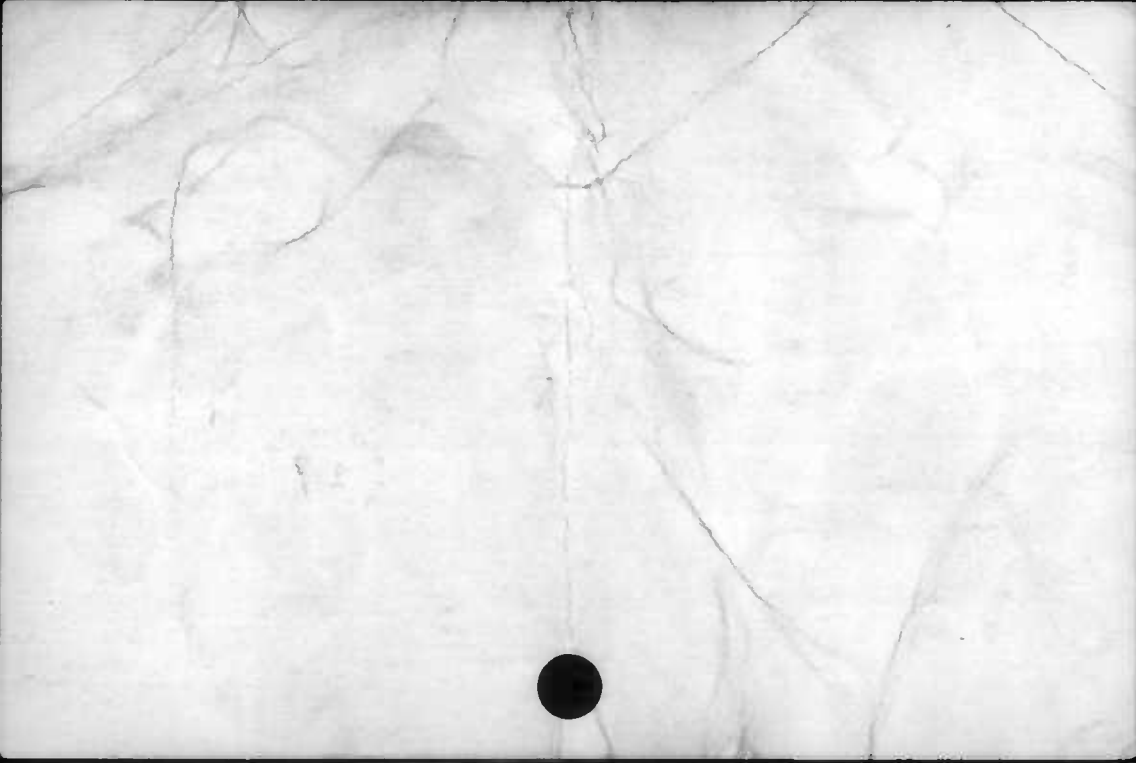
Signature of Physician

Address

G. O. Moore
Widow
Ind

Accident or Suicide —

PHYSICIAN
OR CORNER



Name
in
Full

Alfred Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cross roads Town Charles County MARYLAND
Date of death 1944 Month Feb Day 28 Age 4 Years 4 Months 4 Days
Sex Male Color or Race Black Birth-place Ind
Occupation — Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name

Fremman Waters

Father's Birthplace

Ind

Mother's Maiden Name

Janie Pultstad

Mother's Birthplace

Name of person giving Information

Fremman Waters

How related to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

James M. Wheeler
Sub-Registrar

Accident or Suicide —

PHYSICIAN
OR CORONER



Name

in
Full

Thomas Albert Wathen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|---------------|--|-----------|------------|--------------|
| Died at | | Town Newport | | County Charles | | MARYLAND | |
| Date of death | | 19 | Month Feb. | Day 27 | Age 39 | Years 3 | Months 15 |
| Sex Male | | Color or Race White | | Birth-place Chas. Co. | | | |
| Occupation Farmer | | | | Where Residing if not at place of death Newport | | | |
| Married, Single or Widowed Married | | Name of Wife or Husband Mary F. Wathen | | | | | |
| Father's Name Joseph N. Wathen | | | | Father's Birthplace Md. | | | |
| Mother's Maiden Name Margaret Thompson | | | | Mother's Birthplace Md. | | | |
| Name of person giving information Walter Thompson | | | | How related to deceased Bro-in-law | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|------------------------|----------------------|
| Primary | Double Lobar Pneumonia | How long 21 days |
| Immediate | Respiratory failure | How long One hour |
| Are the name, age, sex, color, date and place correctly given above? | | Yes |
| Signature of Physician | | J. E. Jamerson M.D. |
| Address | | Newport, Md. |
| Accident or Suicide? | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

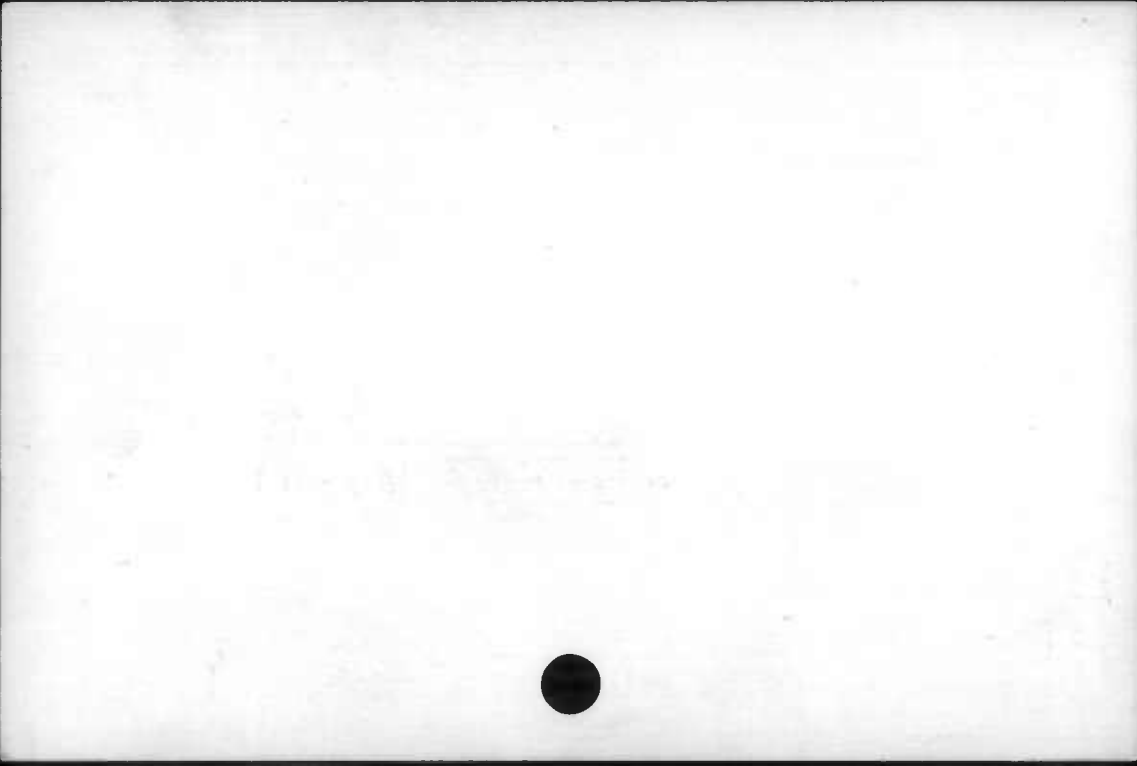
| | | | | | | | |
|--|--|--|--|-----------------------|--|----------------|--|
| Died at <i>Joseph Samuel Watson</i> | | Town <i>Watson</i> | | County <i>Charles</i> | | MARYLAND | |
| Date of death <i>1900</i> | | Month <i>Feb</i> | | Day <i>9</i> | | Age <i>86</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Months <i>1</i> | | Days <i>10</i> | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death <i>Ind</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Mary Ellen Drasins</i> | | | | | |
| Father's Name <i>Benjamin Watson</i> | | Father's Birthplace <i>Ind</i> | | | | | |
| Mother's Maiden Name <i>Miss Bevan</i> | | Mother's Birthplace | | | | | |
| Name of person giving Information <i>Wallace C. Watson</i> | | How related to deceased <i>Son</i> | | | | | |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------------------|------------------------|------------------------|
| Primary | <i>Similar -</i> | How long | <i>3 yrs.</i> |
| Immediate | <i>Exhaustion, heart failure</i> | How long | <i>Immediate</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>W. Morton Brown</i> |
| | | Address | <i>Aguares, Ind</i> |
| Accident or Suicide | <i>No</i> | | |



Name
in
Full

Frank. Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Faulkner Town Charles County MARYLAND

Date of death 1900 Month 2 Day 3 Age — Years 1 Months — Days —

Sex Male Color or Race White Birth-place Charles

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Key. Welch

Father's Birthplace

Charles

Mother's Maiden Name

Ida. Higgs

Mother's Birthplace

Charles

Name of person giving Information

Addie Morris

How related to deceased

None

CAUSES OF DEATH

Primary

How long

189

Immediate

How long

Don't know

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles W. Roby
Bulaton, Md
Sub Registrar

yes

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

John White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Charles Point County Charles **MARYLAND**

Died at Charles Point

Date of death 190 Feb 21 Age 34 Months — Days —

Sex Male Color or Race African Birth-place Charles Co

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or ~~Husband~~ Olivia White

Father's Name Keelan White Father's Birthplace Charles Co

Mother's Maiden Name Went 1 km Mother's Birthplace —

Name of person giving Information JOB - Jacobs How related to deceased None

CAUSES OF DEATH

Primary Pneumonia 92 How long 11 days

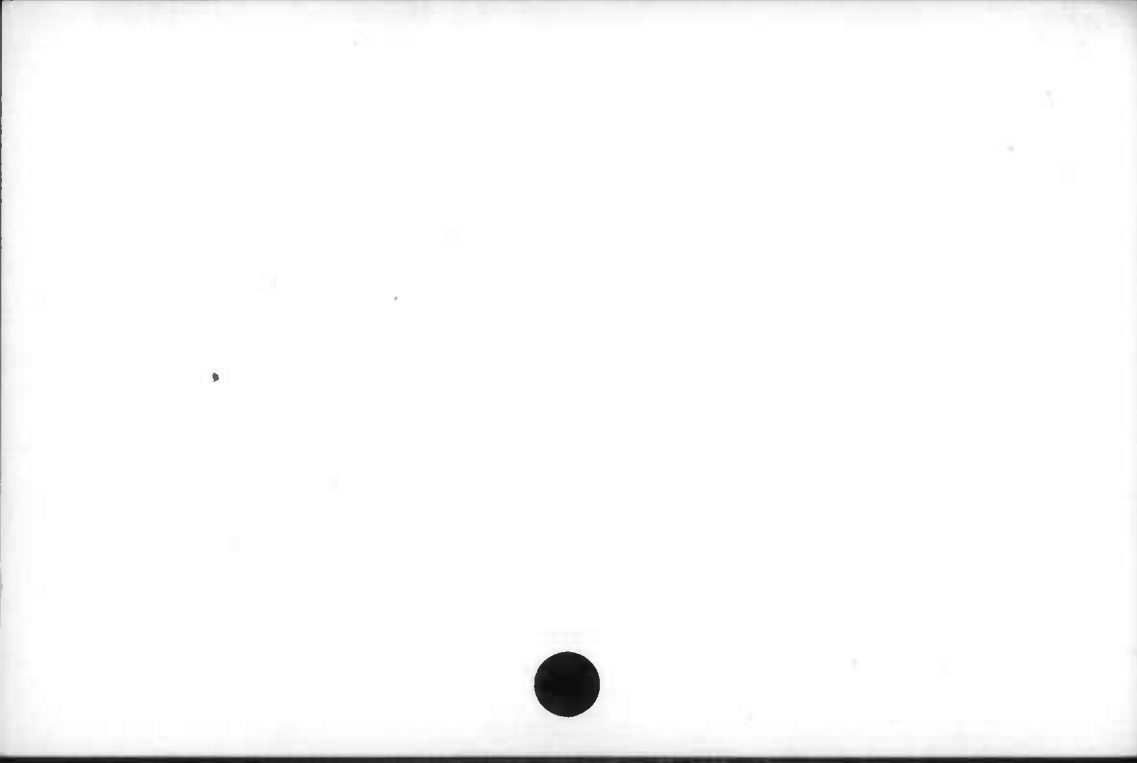
Immediate Heart Failure due to D.V. Enema How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. Sheppard

Address 1011 1st St

Accident or Suicide Ind

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

no name Yates

Died at *Foulkner* Town *Charles* County

MARYLAND

Date of death *1960* Month *2* Day *7* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Charles Co.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *George Henry Yates* Father's Birthplace *Charles Co.*

Mother's Maiden Name *Willie Leeton* Mother's Birthplace *Charles Co.*

Name of person giving Information *Mary Bond* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long *8*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of *Charles W. Roby*
Register *Belton, Md.*

Address *—*

Accident or Suicide *—*

